



TOWN OF HARWICH

BOARD OF HEALTH

732 Main Street, Harwich, MA 02645

508/430-7509 Fax: 508/430-7531

Email: health@town.harwich.ma.us

FOR BOARD OF HEALTH USE ONLY

Date Rec'd: _____ Amt. _____

Pynt. Type: _____

☐ W/C ☐ Food Cert Mgr ☐ Allergen Awareness

Reviewed by initials: _____

☐ Ok ☐ Hold _____

EVENT PERMIT APPLICATION – RETAIL VENDORS

The “Event Permit” for Retail Vendors allows participation at all temporary events held in the Town of Harwich for the calendar year in which it is issued. This is inclusive of Farmer’s Markets, Festivals, Craft Shows, Local Fairs, etc.

Business Name (if applicable)		<u>YEAR:</u>
Owner Name:		
Mailing Address:		Email Address:
Telephone No:		Fax No.
		Cell Phone No:
Food Managers Certification: (if applicable please attach a valid copy)		Name:
Base of Operation: _____		
★ You must provide a copy of the Food Service Permit from the Board of Health where the product is made ★		
List all items to be sold: _____ _____		
Food preparation details:		
Tasting/product sampling to occur? Yes _____ No _____		
Prepared at event or transported from base of operation?		
If your product requires temperature control, how will it be transported and held to temperature at the event? _____		
If assembled at event, please list ingredients and processes: _____ _____ _____		
Please provide a protocol for your sampling practices: _____ _____ _____ _____		

If utensils are utilized, how will they be cleaned and sanitized: _____

(If Outdoors)

How will you be protected from insects; weather and windblown dust or debris? _____

Is there a sink on site with warm running water available for hand-washing? _____

Will you be in need of a sealer of weights & measures service to bring a weighing device to the event? _____

Please provide a few sample labels from your product(s) to be sure they are in compliance with food code requirements:

Please Note: All packaging must list ingredients for consumer protection

Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required by law.

Signature of Applicant: _____ **Date:** _____

Social Security Number or Federal ID: _____

✦ **ANNUAL FEE: \$50** ✦ Made Payable to the Town of Harwich